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## **FEC FORM 3L**

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACS

1.	NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If typin over the lines	g, type					
	The Markey Committee									
	ADDRESS (number and street)  Check if different than previously reported. (ACC)	P. O. Box 5	26			MA STATE	021	I 55 LZIP CODE		
2.	C00196774	BER	3. IS THIS REPORT	x NEW (N)	OR	AMENDED (A)	4.	STATE MA	DISTRICT	
5.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)	(b) Monthly Report Due Or	_	Jur	v 20 (M5) v 20 (M6) 20 (M7) and/or ni-annual R eport	Sep 2	20 (M8) 20 (M9) 20 (M10)	Dec 20 (Non-Ele Jan 3	0 (M11) ection Year Only) 0 (M12) ection Year Only) 1 (YE) and/or annual Report	
	July 15 Quarterly Report (Q2) and/or Semi-annual Report  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE) and/or Semi-annual Report  July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report	PRE Repo								
		POS Repo	(c) 30-Day POST-Election Report for the:  Election on 1 1 0 2 2 0 1 0 in the State of MA See Line 6(b)							
6.	Covering Period(s)	(a) Quarterly	//Monthly/Pre-/Po	st-Election Cove	red Period	2010	` ′ [	χ January	Covered Period 1 - June 30 December 31	
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs  (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs									vered Period	
	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Ms. Marie C. Carbone  Signature of Treasurer  Electronically Filed by Ms. Marie C. Carbone  Date  1 2 0 2 2 0 1 0  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.									
	Office Use Only						•	C FORM 02/2009		